



Study Abroad Program

SCHOLARSHIP APPLICATION

First and Middle Name: _____ Last Name: _____
(As it appears on your passport) *(As it appears on your passport)*

E-mail address (required): _____ Phone Number: _____

Home College/University: _____ Academic Major: _____

Year in School: Sophomore _____ Junior _____ Senior _____ Cumulative GPA: _____

Study Abroad Country/Program: _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip Code _____

Permanent Phone Number: (_____) _____ - _____ Permanent E-mail Address _____

Faith-Based Initiative While Studying Abroad:

(Attach a one page narrative statement including the following: 1) goals for your study abroad experience for study and integrating a faith interaction or initiative, 2) indicate your willingness to visit ministries in your city (if you have a known contact indicate – if not CGE can provide one), 3) indicate your willingness to send an update of your experience (one paragraph) once a month and a photo to the designated staff member at the CGE office in Atlanta.

Study Abroad Check List: (Please check that you have completed the BEFORE submitting this application):

- Consult with the Office of International Programs at your home university
- Consult with a Financial Aid Counselor at your home university to be sure you have your funds in place

By submitting this form, I understand that receiving the CGE Scholarship I am committing to integrate my goals into my Study Abroad experience and submit a one paragraph reflection of my experience with a photo about that Global City to CGE once a month during my Study Abroad semester.

Applicant Signature

Date

For Office Use Only:

Program Reference Code: _____